



## SERIAL NO. FILING DATE **MULTIPLE DEPENDENT CLAIM** APPLICANT(S) **FEE CALCULATION SHEET** CLAIMS APYER 18Y AMENDMENT AFTER 2ND AMENDMENT AS FILED DID DEP DID DEP DID DEP DID DEP ND DEP 50 · TOTAL IND. TOTAL IND TOTAL DEP. TOTAL CLAIMS TOTAL DEP. TOTAL CLAIMS

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